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September 14, 2005

**KELLEY DRYE & WARREN LLP**  
**TWO STAMFORD PLAZA**  
**281 TRESSER BOULEVARD**  
**STAMFORD, CONNECTICUT**  
**06901-3229**  
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**FAX (203) 327-2669****MESSAGE:**

Re:

U.S. Serial No. 10/790,647

Filing Date: March 1, 2004

First Named Inventor: Lohray

Attorney Docket Number: CHL-102(C)

Enclosed please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.

  
Hans-Peter G. Hoffmann, Reg. 37,352

FROM

Hans-Peter G. Hoffmann

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/790,647
Filing Date	March 1, 2004
First Named Inventor	Lohray
Art Unit	1614
Examiner Name	Sackey, Ebenezer O.
Attorney Docket Number	CHL-102(C)

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

47670

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

47670

**OR**

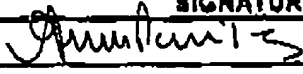
<input checked="" type="checkbox"/> Firm or Individual Name	KELLEY DRYE & WARREN LLP				
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD				
City	STAMFORD	State	CT	Zip	06901-3229
Country	US				
Telephone	203-324-1400	Email			

**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Cedlin Healthcare Limited		
Date	August 29, 2005	Telephone	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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